



**STATE OF MISSOURI**  
DIVISION OF PROFESSIONAL REGISTRATION  
**APPLICATION FOR REINSTATEMENT OF LICENSE  
TO PRACTICE PUBLIC ACCOUNTING**

**MISSOURI STATE BOARD OF ACCOUNTANCY**  
3605 MISSOURI BLVD, P.O. BOX 613  
JEFFERSON CITY, MISSOURI 65109  
573/751-0012



## GENERAL INSTRUCTIONS

The instructions listed are to assist the individuals in meeting mandates of Chapter 326 of the Revised Statutes of Missouri. Each section must be filled out in its entirety with appropriate documents and fees attached. Incomplete applications will be considered not received and be returned to the applicant.

### SECTION I: Individual Information

- **Full name** of individual listing last name first, then first name and middle initial.
- **Home Address** to include street, city, state, and zip code.
- **Business Name and Address** to include street, city, state, and zip code of your current employer.
- **Telephone** to include home, business and optional email.
- **Social Security Number** must have nine numbers listed.
- **Date of Birth** to include month/day/year.
- **Other Name** to include any other name you may have been known by.
- **Missouri CPA License Number** to include your License and/or Certificate number and date issued.
- **Expiration Date** to include the date of your last license to practice in Missouri.
- **Practice Intent** to include if you plan on practicing public accounting in Missouri, and if yes do you plan on practicing full-time or part-time.
- **Employment** to include all employment for the last ten years or since your last license to practice in Missouri expired (whichever is shorter). Attach additional pages if necessary.
- **Questions 1-7** All questions must be answered, and additional documentation must be included if any questions are answered "yes".
- **Affidavit** to include the sworn statement signed in the presence of a notary stating all representations are correct to the best of your knowledge, and you will provide additional documentation if requested by the board.

### PLEASE INCLUDE THE FOLLOWING INFORMATION WITH THIS APPLICATION.

#### 1. Continuing Education Documentation

Provide documentation (certificates) as evidence that you have completed forty (40) hours of continuing education during the twelve (12) months previous to this application, which must include two (2) hours of ethics; or you may provide a statement on the last page of this application, that you will obtain forty (40) hours of continuing education with two (2) hours of ethics within sixty (60) days of this application. (Continuing professional education taken within sixty (60) days before or after applying for reinstatement may be used to meet the requirement for the first year of licensure.) **The forty (40) hours of Continuing Professional Education must include two (2) hours of ethics.**

#### 2. Fee

Attach a check in the amount of **\$80.00** payable to the Missouri State Board of Accountancy. All fees are non-refundable and cannot be applied to another application. If you have been practicing public accounting in the State of Missouri, please contact the Board for additional fee information.

PLEASE NOTE: IF YOU HAVE BEEN PRACTICING PUBLIC ACCOUNTING IN MISSOURI THERE MAY BE ADDITIONAL FEES AND PENALTIES ASSESSED.

**PLEASE RETURN ALL INFORMATION TO THE BOARD ALONG WITH APPROPRIATE FEE.**

**PLEASE NOTE ALL INFORMATION MUST BE FILLED OUT. IF YOU NEED ADDITIONAL SPACE PLEASE COPY THE FORM OR ATTACH ADDITIONAL SHEETS.**



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**SECTION I - TO BE COMPLETED BY THE APPLICANT. (Type or print in black ink)**

Submit this form along with the appropriate fee to: Missouri State Board of Accountancy  
P.O. Box 613  
Jefferson City, MO 65102-0613

NAME: LAST	FIRST	MIDDLE
HOME ADDRESS: STREET	CITY	STATE ZIP
BUSINESS NAME & ADDRESS: STREET	CITY	STATE ZIP
TELEPHONE (H) (W)	EMAIL	

WHICH ADDRESS DO YOU PREFER AS YOUR PRIMARY CONTACT ADDRESS?

☐ HOME ☐ BUSINESS

SOCIAL SECURITY NUMBER	DATE OF BIRTH / /	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
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HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME? IF YES, LIST

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MISSOURI CPA LICENSE NUMBER	DATED	EXPIRATION DATE OF YOUR LAST PERMIT TO PRACTICE IN MISSOURI
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PRACTICE INTENT

List all employment for the last ten years or since your last license to practice in Missouri expired (whichever is shorter). Attach additional pages if necessary.

PERIOD						NAME OF EMPLOYER OR FIRM	ADDRESS
FROM			TO				
MO	DAY	YR	MO	DAY	YR		

Answer the following questions: (For any "Yes" answers, submit details)

- Have you ever been found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense other than a minor traffic violation, whether or not sentence was imposed, including suspended imposition of sentence or suspended execution of sentence? ☐ YES ☐ NO
- If you hold (or ever held) a certificate or license as a CPA or public accountant of any other state or political subdivision of the U.S., has it or you even been disciplined or otherwise restricted? ☐ YES ☐ NO
- Have you ever been enrolled to practice before the U.S. Treasury Department or any governmental body or agency? If yes, has such right to practice ever been disciplined or otherwise restricted? ☐ YES ☐ NO
- Have you ever had a professional or vocational license, certificate, or registration denied, disciplined (including, but not limited to, probation, suspension or revocation) or otherwise restricted by any state, agency of the federal government or by any foreign country? ☐ YES ☐ NO
- Have you ever violated the rules and standards of professional conduct governing the practice of public accounting? ☐ YES ☐ NO

**CONTINUING PROFESSIONAL EDUCATION**

- Do you have the required 40 hours of CPE which includes 2 hours of ethics needed for reinstatement? (If yes, attach copies of CPE) ☐ YES ☐ NO
- If no to question #6, have you provided a written statement on the following page, attesting you agree to obtain the required 40 hours within 60 days of this application. ☐ YES ☐ NO

**If you checked no, to question #6, you must provide a written statement agreeing to complete 40 hours within 60 days.**

Pursuant to Section 324.010 RSMo:

☐ CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

*False statements are subject to criminal penalties and/or license discipline.*

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).

**APPLICANT'S AFFIDAVIT**

ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE MADE UNDER OATH OR AFFIRMATION AND ALL REPRESENTATIONS ARE TRUE AND CORRECT TO MY BEST KNOWLEDGE AND BELIEF SUBJECT TO PENALTIES OF MAKING A FALSE AFFIDAVIT OR DECLARATION.

I WILL FURNISH ANY ADDITIONAL INFORMATION REQUESTED BY THE MISSOURI STATE BOARD OF ACCOUNTANCY AND I GIVE THE BOARD PERMISSION TO VERIFY ALL STATEMENTS MADE IN CONNECTION WITH THIS APPLICATION, OR TO MAKE SUCH OTHER INVESTIGATIONS AS THE BOARD DEEMS NECESSARY.

<b>MUST BE SIGNED IN THE PRESENCE OF A NOTARY</b> ▶	SIGNATURE	DATE
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PRINT APPLICANT'S NAME

Known to me to be the person described in this application, personally appeared before me and after being duly sworn signed this application and declared that all statements contained in this application are made under oath or affirmation and all representations are true and correct to the best knowledge and belief of the application subject to the penalties of making a false affidavit or declaration.

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

**IF YOU CHECKED NO, TO QUESTION #6 ON THE PREVIOUS PAGE, YOU MUST PROVIDE A STATEMENT HERE AGREEING TO COMPLETE 40 HOURS OF CONTINUING EDUCATION WITHIN 60 DAYS OF THIS APPLICATION.**

APPROVED	REJECTED	DATE	FEES
MET EXP ON	BEGAN PRACTICE IN MO	CERT DATE (IF APPLICABLE)	